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Sissue Fee 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1935 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above)

Authorized Signature Subschild Date 7/15/08

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/576,703	04/19/2006		Olof Wallquist		PL	222968APCT	6307
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
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BARKER, MICHAEL P		1626	548-400000				
FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Joseph C. Suhadolr				
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Authorized Signature _	Jarish .	Sulahh	h	Date	7/	1 <i>5/08</i> 56,880	
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